## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Ronald J. Lebel et al.

Title: AMBULATORY MEDICAL

APPARATUS WITH HAND HELD COMMUNICATION

DEVICE

Appl. No.: 09/768,196

Filing Date: 1/22/2001

Examiner: Matthew F. Desanto

Art Unit: 3763

Confirmation No.: 1919

## REQUEST FOR ORAL HEARING

Mail Stop: Appeal Brief Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Under the provisions of 37 C.F.R. §41.73, appellant requests an oral hearing.

The item(s) checked below are appropriate:

[ X ] This request is timely because it is being made within two months from the date of the Examiner's answer.

[ ] A Petition for Extension of Time to Request an Oral Hearing is submitted
concurrently herewith under the provisions of 37 C.F.R. §1.136(b) (for patent applications) or 37
C.F.R. §1.550(c) (for reexamination proceedings). It is respectfully requested that an extension of
time be granted because sufficient cause has been shown and the requested extension is for a
reasonable time.

[ ] A	pplicant claims small entity status. Thus, the fees of \$1,000.00 is reduced by half,	
and the resulting	ng fee is noted below.	
[ X ]	The fee of \$1,000.00 for this Request For Oral Hearing (37 C.F.R. §41.20(b)(3)):	
	[ ] Check Enclosed	
	[ ] Check Enclosed	
	[X] Credit Card Payment Form Enclosed	
	[ ] Charge to Deposit Account No. 50-0872	
	(O. 11); 1. Call D. (1. 1. a. 11 a. a. 11)	
	(One additional copy of this Request enclosed herewith)	
[ X ]	The Commissioner is hereby authorized to charge any deficiency or credit any	
overpayment to Deposit Account No. 50-0872.		
overpayment a	o Beposit recognic recipe con 2.	
	Respectfully submitted,	
	March 29, 2007 By:	
FOLEY & LA	16.	
Customer Nur		
Telephone:	(310) 975-7963 Registration No. 32,933	
Facsimile:	(310) 557-8475	